For Conservation Area Use Only
Submit to Vice Chair for Administration
upon arrival at Fort A. P. Hill
...complete both sides...

2001 NATIONAL SCOUT JAMBOREE, BOY SCOUTS OF AMERICA
HEALTH AND MEDICAL RECORD
(Complete anytime after December 1, 2000)

Please write legibly and fill in all fields.

Original WILL BE kept by jamboree staff and ~~not returned~~ destroyed 8/1/01.

I. IDENTIFICATION

Name _____ _____ _____ _____ _____ _____
Last name First name MI Date of birth (MM/DD/YYYY) Age Sex

Agency/organization name _____ City/state _____

Address _____

City _____ State _____ Zip code _____

Health/accident insurance company _____ Policy number _____ Religious preference _____

Personal physician _____ Phone number (____) _____

IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip code _____

Home phone (____) _____ Business phone (____) _____ Extension _____

II. EMERGENCY MEDICAL INFORMATION: Has or is subject to (check and give details)

Yes	No		Yes	No		Yes	No		Yes	No	
☐	☐	Attention deficit hyperactivity disorder	☐	☐	Asthma	☐	☐	Contact lens	☐	☐	Fainting spells
☐	☐	Bleeding disorders	☐	☐	Dentures	☐	☐	Heart trouble	☐	☐	Convulsions
☐	☐	Diabetes	☐	☐	Hypertension						
☐	☐	Any condition that may require special care, medication or diet									
☐	☐	Allergy to a medicine, food, plant, animal, or insect toxin									

EXPLAIN _____

_____

Note: The following information is needed to provide for youth protection and ease of contact should an emergency arise. It will be protected and subsequently destroyed:

Social Security Account Number: _____

Driver's License Number: _____ State: _____

Temporary Residence During Jamboree: _____
(indicate specific housing area if on site, local motel or other location if off site)

Temporary Telephone Number: _____
(cell phone, motel number or other number, so you may be contacted in an emergency)

Vehicle Identification

Year: _____ Make: _____ Model: _____

State Registered: _____ Tag Number: _____

IV. MEDICAL HISTORY

Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illness, surgery, or significant changes in condition of health of applicant since last complete examination.
Are you aware of any current health problems? Yes☐ No ☐

Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination? Yes ☐ No ☐

IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):
For any "yes" answers give dates and full details below:

	Yes	No	Year	Explain
Serious illness	☐	☐	____	_____
Serious injury	☐	☐	____	_____
Deformity	☐	☐	____	_____
Surgery	☐	☐	____	_____
Skin, glands	☐	☐	____	_____
Ears, eyes	☐	☐	____	_____
Nose, sinus	☐	☐	____	_____
Teeth, tonsils	☐	☐	____	_____
Dentures	☐	☐	____	_____
Bridge	☐	☐	____	_____
Chest, lungs	☐	☐	____	_____
Heart	☐	☐	____	_____
Murmur	☐	☐	____	_____
Rheumatic fever	☐	☐	____	_____

	Yes	No	Year	Explain
Stomach, bowels	☐	☐	____	_____
Appendicitis	☐	☐	____	_____
Kidneys or urine	☐	☐	____	_____
Albumin	☐	☐	____	_____
Sugar	☐	☐	____	_____
Infection	☐	☐	____	_____
Bed-wetting	☐	☐	____	_____
Menstrual problems	☐	☐	____	_____
Hernia (rupture)	☐	☐	____	_____
Back, limbs, joints	☐	☐	____	_____
Sleepwalking	☐	☐	____	_____
Nervous condition	☐	☐	____	_____
Attention deficit disorder	☐	☐	____	_____
Other (explain)	☐	☐	____	_____